



**TEXAS DEPARTMENT OF STATE HEALTH SERVICES
TEXAS MAMMOGRAPHY PROGRAMS**

P.O. Box 149347
Austin, Texas 78714-9347

INDIVIDUAL'S NAME: _____ **MAMMOGRAPHY CERTIFICATION #:** M

Medical Physicist Qualification Worksheet

Submit required supporting documentation.

- *For new individuals – submit all requested documentation.*
- *For accreditation renewals – submit current license and continuing experience and education documentation*

LICENSURE

____ Texas Medical Physicist License
(Copy of current license)

INTERIM

(Initial Qualification met before 04/28/1999)

- ____ Degree in Physical Science
(Copy of Master or Bachelor degree)
OR (Copy of FDA Approval letter)
- ____ Physics Education
(Master pathway – 20 semester hours)
(Bachelor pathway – 10 semester hours)
OR (Copy of FDA Approval letter)
- ____ Survey Training
(Master pathway – 20 contact hours)
(Bachelor pathway – 20 contact hours)
OR (Copy of FDA Approval letter)
- ____ Survey Experience
(Master pathway – survey 1 facility/10 units)
(Bachelor pathway – survey 1 facility/20 units)
OR (Copy of FDA Approval letter)

FINAL

(Initial Qualification met after 04/28/1999)

- ____ Degree in Physical Science
(Copy of Master degree)
OR (Copy of FDA Approval letter)
- ____ Physics Education
(Master pathway – 20 semester hours)
OR (Copy of FDA Approval letter)
- ____ Survey Training
(Master pathway – 20 contact hours)
OR (Copy of FDA Approval letter)
- ____ Survey Experience
(Master pathway – survey 1 facility/10 units)
OR (Copy of FDA Approval letter)

CONTINUING EXPERIENCE/EDUCATION QUALIFICATIONS

- ____ Two facilities and 6 mammography units surveyed in the prior 24 months
(Due 24 months after qualifying date)
- ____ 15 CEUs in mammography physics or breast imaging in the prior 36 months
(Due 36 months after qualifying date)

For State of Texas use:

INITIAL QUALIFICATION START DATE _____
(10/01/1994 or date initial qualification was completed)

ADDITIONAL MODALITY TRAINING DATE(S) _____
(8 hours initial training in each additional mammographic modality)

☐ FSM ☐ DM ☐ DBT

STX Approval _____